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Llywodraeth Cymru
Welsh Government

Health and Social Care Committee

07 March 2023

Dear Russell,

Thank you for sending us the Health and Social Care Committee's report entitled *Welsh Government draft budget 2023-24*.

Please find attached our response to the committee's recommendations.

We would also like to raise a few issues set out in the report. Firstly, please be aware that there is now a template for IMTPs so we will be able to compare health boards and measure progress more accurately.

Secondly, we would like to challenge the figure of delayed transfers of care in paragraph 23. You quote a BBC article, stating that in January 2023 this stood at 1,800 – we contend that it has never been that high.

The monthly collection of hospital delay discharge data was suspended at the start of the pandemic to ease pressures on NHS staff resources. It had been a valuable tool that helped identify pressures and trends in the system and allowed a focus on improving performance, creating additional capacity, and identifying areas of best practice. However, each health board had been able to largely determine their own criteria for what constitutes a delay which was then applied to its data. As a result, there was no consistent or comparable metric across Wales.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

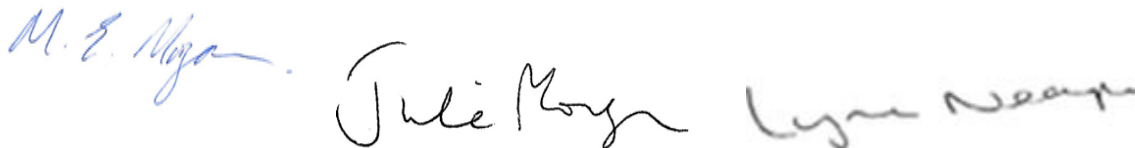
Officials have worked closely with NHS and social services partners, with the support of an Expert Group, to develop a new reporting system - "Pathways of Care Reporting". This will replace the former data collection and produce accurate, relevant and consistent delayed discharge data that will help determine more clearly, not only the extent of the challenges faced by the NHS and social services, but also which areas need the most support geographically in terms where of patients are in the system and their needs. The current pilot phase will run until the end of April before further consideration prior to full implementation.

At present Stats Wales published data that can be accessed here: [NHS activity and performance summary: December 2022 and January 2023 | GOV.WALES](#) (go to the second link under the heading 'Data', then tab 1a on the Excel sheet). These are our interim measures, available only at an all-Wales level, until the new Reporting system becomes fully operational. The latest data (published 23 February 2023) shows discharge delays on 14 February 2023 as 1,000 patients compared to 10 January 2023 at 1,103.

Finally, with regard to the reference in paragraph 30 where it says that I asked health boards to ring fence money for prehabilitation; this is not accurate. There is funding being held centrally to explore what can be done in this area.

I hope these clarifications are helpful.

Yours sincerely



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Written response from the Welsh Government to the report by the Health & Social Care Committee entitled *Welsh government draft budget 2023-24*

A detailed response to each of the recommendations are listed below.

Recommendation 1

The Committee recommends that

In its response to our report, the Welsh Government should provide an update on discussions with health boards about the Minister for Health and Social Services' six priorities for their Integrated Medium Term Plans for 2023-24. The update should include any concerns health boards have raised with Ministers, as well as details of any further guidance the Ministers have given health boards on how the Welsh Government expects them to mitigate any resultant impact on other areas.

Response: Accept in principle

This remains a challenging time for health boards and they continue to plan dynamically to manage the ongoing pressures, as well as the additional challenges of industrial action. Plans will be submitted at the end of March and following a robust assessment, my officials will provide an analysis of the overall position.

In the meantime, there is ongoing dialogue with health boards through planning and performance meetings and I meet with the Chairs to understand the challenges that are being managed.

A major issue continues to be the delayed discharges of patients from acute hospitals that has created a significant bed capacity issue. There is no quick fix for this, but I have committed to doing more further and faster to support improvements through better partnership working with local government.

Financial Implications – None

Recommendation 2

The Committee recommends that

On the basis that Ministerial decisions on the IMTPs are currently expected to be made in May or June 2023, by the end of July 2023 the Minister for Health and Social Services should write to us to provide a summary of how her six priorities have shaped health boards' IMTPs, and any associated budgetary implications in

terms of releasing funding or delivering efficiencies.

Response: Accept

NHS organisations are required to complete a Ministerial Template which focusses on the priorities, making it easier to identify deliverables, and compare and demonstrate progress between organisations. A summary will be provided once the assessment process has concluded.

Financial Implications – None

Recommendation 3

The Committee recommends that

In its response to our report, the Welsh Government should confirm how long the revised guidance issued on 30 December 2022 that patients may be discharged while waiting for a social care assessment or without a care package being in place is expected to remain in effect. This should include information about how and when the guidance will be kept under review to ensure that its impact on patient safety can be monitored.

Response: Accept

The letter of support issued in December 2022 regarding decisions to discharge was in support of existing discharge guidance already available in the system. This includes the optimal hospital flow guidance created in partnership with clinical staff, which was published recently following extensive consultation in direct response to the exceptional pressures being faced by our NHS this winter. Links provided to that guidance below, for ease of reference:

- [Six Goals for Urgent and Emergency Care, 2021-26 \(gov.wales\)](https://gov.wales/six-goals-urgent-emergency-care-2021-26)
- [Delivering optimal outcomes and experiences for people in hospital \(nhs.wales\)](https://nhs.uk/our-services/urgent-and-emergency-care/delivering-optimal-outcomes-and-experiences-for-people-in-hospital)

The advice is also in addition to correspondence issued by the Welsh Government on system pressures in primary and community care at the end of last year. This advice aims to help ease the pressure in the system by supporting health boards to maximise their hospital capacity settings through safe, timely discharge with local authorities, third sector and families as part of the communication process to effect safe discharge.

As the advice issued in December supports the guidance that the NHS should already be working to, it will remain extant for the foreseeable future.

Financial Implications – None

Recommendation 4

The Committee recommends that

The Children, Young People and Education Committee and the Health and Social Care Committee jointly recommend that in its responses to our reports, and at six-monthly intervals thereafter, the Welsh Government must provide both Committees with data, broken down by local health board, setting out:

- *Waiting times for the first appointment with CAMHS.*
- *The proportion of young people who are offered second appointments.*
- *The waiting times for second appointments*

Response: Reject

Data on specialist CAMHS first appointments, showing either the percentage of patients waiting less than 28 days for a first appointment, or the actual numbers, are already reported on monthly basis: [First appointment waiting times \(gov.wales\)](#).

Data on under 18 Local Primary Mental Health Services, showing referrals to assessment, waiting times for assessment and waiting times for therapeutic interventions, are already reported: [Part 1: Local Primary Mental Health Support Services \(gov.wales\)](#).

Data is not collected on follow-up appointments, but we aim to improve data on outpatient follow up as part of the work on the mental health core dataset and we will update the Committee in due course on this work.

Financial Implications – None

Recommendation 5

The Committee recommends that

In its response to our report, the Welsh Government should set out the milestones and timescales for the development of the ‘111 press 2 for mental health’ service and the next steps towards the establishment of an in-patient unit for eating disorders in Wales.

Response: Accept

The Welsh Health Specialist Services Committee (WHSSC) have recently consulted on their Mental Health Specialised Services Strategy 2023-2028. This included consideration of the development of Specialised Eating Disorder services at tertiary level for both CAMHS and Adults to meet the population need. The WHSSC strategy will be published in the coming months and we will update Committee in due course.

In relation to 111, press 2 for urgent mental health, health boards are working towards then end of April for all Wales, 24/7 coverage. Swansea Bay University

Health Board and Hywel Dda University Health Board have already established the service on a 24/7 basis. Aneurin Bevan University Health Board and Betsi Cadwaldr University Health Board are running the service 15 hrs a day and will move to 24/7 by the end of April. Cwm Taf Morgannwg University Health Boards and Powys Teaching Health Board are recruiting to the service and are expected to launch in April.

Financial Implications – None

Recommendation 6

The Committee recommends that

In its response to our report, the Welsh Government should explain what role Ministers, the NHS Executive and health boards have in the development, delivery and leadership of a longer term vision for the transformation of health services and capital investment. It should also explain how it will ensure that health boards' IMTPs are aligned to the longer term vision, and have regional working embedded within them.

Response: Accept in principle

A Healthier Wales provides the longer term national approach for the delivery of services in Wales and the majority of health boards have developed their own strategies aligning their approach to deliver the transformation of services at local level. Health boards remain accountable for the delivery of services to their population and their IMTPs provide the three year ambition and commitments to progress that strategic approach, including their priorities for capital investment and regional working. The emerging NHS Executive will provide a strengthened leadership and it will have a strategic planning function that will help shape and direct national and regional planning.

Financial Implications – None

Recommendation 7

The Committee recommends that

In its response to our report, the Welsh Government should provide information about how the plans for capital allocations in the 2023-24 draft budget align to the six priorities outlined by the Minister for Health and Social Services in her guidelines for the 2023-24 Integrated Medium Term Plans. In doing so, she should identify what changes, if any, have been made to previous capital allocations or spending plans to reflect the introduction of the six priorities as well as the need to address the

maintenance backlog.

Response: Accept in principle

A range of risks continue to be managed across the system. The focus on delivering against the six priorities as well as backlog maintenance continues to be balanced.

The Capital Programme for 2023-24 is made up of a wide range of schemes that are focused on delivering against the six priority areas as well as addressing existing estate backlog maintenance areas. The funding identified for the Integration and Rebalancing Capital Fund (IRCF) will continue to develop schemes that will include social care capacity as well as the development of integrated hubs that will help bring care closer to home. The development of hubs will see work on site continue for the Tredegar and Newport East Primary Care schemes, as well as the development of business cases linked to Cross Hands, Swansea Wellness and Conwy & Llandudno Junction.

Following investments across Wales in respect of the waiting areas within Emergency Departments, officials will continue to have conversations with organisations around future capital works to improve the patient experience in these busy areas.

Infrastructure investments linked to Planned Care and Recovery include endoscopy provision at both the Royal Gwent and Llandough Hospitals. The recent acquisition of the former BA buildings in Llantrisant has been executed with the intention that this site will provide a central resource for diagnostic and theatre capacity across the region – the detail of which will become clearer as work around the clinical models develops. Similar conversations are taking place in North Wales around proposals for orthopaedics and theatre capacity there.

Continued investment in cancer services with the on-going ground works linked to the new Velindre Cancer Centre, as well as the Radiotherapy Satellite development at Nevill Hall hospital, will ultimately bring services closer to home for many residents.

Investment in Mental Health Services continues with the Capital Programme, supporting Betsi Cadwaladr University health board to develop the Full Business Case for the Adult & Older Persons Mental Health Unit at Ysbyty Glan Clwyd.

Given the time requirements associated with drafting, procuring and scrutinising business cases, the majority of schemes have been in development prior to the Minister's six priorities. Going forward, the emphasis of investments linked to delivery against the six priorities will likely require prioritisation by both NHS organisations and Welsh Ministers.

Maintaining the existing estate remains an important area for investment alongside the Minister's six priorities. Given the age and condition of much of the NHS estate, there will continue to be a need for a sizeable amount of annual capital investment. For 2023-24, on-going investment in the Ground and First Floor of Prince Charles Hospital will continue, as will fire prevention works in a number of Hywel Dda hospitals. To help ensure that funding is being targeted to priority areas, the Estates

Funding Advisory Board has been re-established to directly target works across fire, infrastructure and decarbonisation.

Financial Implications – Financial pressure is forecast given the range of schemes in the system as we enter 2023-24.

Recommendation 8

The Committee recommends that

In its response to our report, the Welsh Government should outline the analysis it has undertaken of why staff are choosing to work for agencies rather than the NHS, explain what actions it is taking to reduce agency staff spend, and commit to providing us with quarterly updates on progress in reducing spend. The first quarterly update should be provided by the end of June 2023.

Response: Accept

Alongside work to optimise the deployment of our core NHS Workforce, work is underway to understand, mitigate and address the increased reliance on the agency workforce.

Whilst it is understood the pressures on the core NHS workforce and services in recent years has necessitated this flexible and additional resource, action will be taken this year, in line with a wider NHS workforce implementation plan, to focus on a more sustainable workforce in NHS in Wales. This work will be developed and delivered in partnership with Trades Unions and NHS Employers. Initial work is underway to understand the reasons why individuals choose to work for Agencies rather than substantive employment in the NHS and this will continue in social partnership. This work will help inform our solutions.

We intend to issue a revised Circular before the start of the next financial year to establish baseline data and refresh our control framework and then will undertake a programme of action to address the underlying causes of Agency spend. This will require a fine balance between ensuring sufficient capacity to deliver safe and effective services, whilst actions are underway which provide a sustainable workforce and value for money in the medium to longer term.

We agree regular reporting on progress would be helpful and we will include this within the work.

Financial Implications – The work will require investment of staff time within Welsh Government and the NHS to provide additional focus. Over time savings will be realised and this will be tracked through the programme.

Recommendation 9

The Committee recommends that

In its response to our report, the Welsh Government should commit to providing us with six-monthly updates on

*(1) the work of the Social Care Fair Work Forum, and
(2) actions taken to progress the recommendations made by the Expert Group on the development of a national care service for Wales. The first updates should be provided by the end of June 2023.*

Response: Accept

Welsh Government will provide written six-monthly updates to the Committee on:

(1) the work of the Social Care Fair Work Forum, and
(2) actions taken to progress the recommendations made by the Expert Group on the development of a national care service for Wales. actions taken to progress the recommendations made by the Expert Group on the development of a national care service for Wales.

As recommended, the first written updates will be submitted by the end of June 2023.

Financial Implications – None

Recommendation 10

The Committee recommends that

In its response to our report, the Welsh Government should provide further assurances about how it will ensure that all health boards in Wales achieve financial sustainability and balance within the 2023-24 to 2025-26 integrated medium term planning cycle. This should include clear timescales within which the Welsh Government anticipates each health board will achieve financial balance, and how progress will be monitored.

Response: Accept in principle

The combination of unprecedented inflationary pressures and the impact of the pandemic has placed health board finances under significant strain. Three health boards are now in increased levels of escalation due to their financial position, and a further three are forecasting that they will not achieve a balanced outturn at the end of the 2022-23 financial year. In this context, it is likely that most health boards will be unable to present a balanced integrated medium term plan when these are submitted at the end of March. Work is required to scope, develop and implement opportunities for increasing efficiency and restoring financial stability and this will be taken forward in partnership between Welsh Government and senior NHS officials. Further updates will be provided to the Committee as this work progresses.

Financial Implications – None